IOWA BOARD OF SOCIAL WORK

Iowa Department of Public Health/Bureau of Professional Licensure Lucas State Office Bldg., 5th Floor 321 E. 12th Street, Des Moines, Iowa 50319-0075

Supervision Report

 $(Please\ note\ this\ form\ is\ to\ be\ completed\ \underline{by\ the\ Supervisor}\ of\ candidates\ \underline{for\ LISW\ licensure}\ only)$

1.		
1	LMSW)	
3Supervisee's Mailing Address, City, State, Zip Code		
4Supervisee's Daytime Phone (Including Area Code)		
5 6 7. LISW Yes Supervisor's Name lowa License #	□ No □	
Supervisor's Name Iowa License #		
(If you are not licensed in Iowa and providing supervision for an Iowa LISW candidate, please provide a notarized copy of proof of your licensure from that state or verification of licensure from that state.)		
8Supervisor's Current Mailing Address, City, State, Zip Code		
9 Supervisor's Daytime Phone (Including Area Code)		
10		
Dates of supervision; include month/day/year (Minimum of 110 ho (Minimum of two years is required)	urs required)	
10 W ()	****	
12. Have you (supervisor) practiced a minimum of 2,000 hours over a period of two years beyond receipt of your LIS		No
13. Has the supervisee completed the number of supervision hours required by the board?	Yes	No
14. Did the supervisee's practice include the identification of specific mental or emotional disorders or conditions demonstrating a working knowledge of the DSM IV?	Yes	No
15. Did the supervisee's practice include the evaluation of symptoms and behaviors; effects of the environment on behavior; psychosocial therapy with individuals, couples, families, or groups; establishment of treatment goals, a	Yes	No
differential treatment planning?		
16. Has the supervisee, to your knowledge, adhered to the board's administrative rules, including the rules of conduct	? Yes	No
17. Do you recommend to the Board of Social Work that this applicant/supervisee be allowed to sit for the ASWB cli level examination, and be licensed at the independent level, thus allowing him/her to provide mental health servic independently in private practice?		No
If the answer to any question $12-17$ above is no, please give details on a separate s	heet.	
Supervisor's Signature: Date:		
Supervisee's Signature: Date:		